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ABSTRACT

Incidence of anxiety among musicians has been investigated mostly among classical players and music students. This paper determines that any intervention requires a comprehensive understanding of the primary problem. The presentation of music performance anxiety varies from individual to individual with many possible sources of origin as well as focus. It states that many performers, especially students, are anxious because they are not adequately prepared by the time of the performance. Counselors can help performers examine whether they are mislabeling preparation anxiety with performance anxiety. One intervention known to help is talking through the decision-making process of becoming and sustaining a musician. Many anxious performers engage in a wide range of negative thought or self talk patterns. Various forms of biofeedback have been utilized in the treatment of anxiety. The cognitive-behavioral approaches reportedly are more effective in the long run than using medication. The paper concludes that from a practical standpoint there is merit in attacking the symptoms first, often with medication, and then tying together the pedagogical assistance and psychological approaches. (JDM)

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MUSIC PERFORMANCE ANXIETY
AN OVERVIEW
OF
TECHNOLOGICAL ADVANCES
IN
THERAPY, PSYCHOPHARMACOLOGY & BIO-FEEDBACK

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In order to understand the specific manifestations of music performance anxiety, it is important to overview it's roots from a broader perspective. Anxiety disorders can be said to be either general or specific. That is to say that the symptoms can originate in a general form where the anxiety emanates from a broad based perspective as in panic anxiety or generalized anxiety (trait anxiety) or from a specific form such as fear of social situations, obsessions, or compulsions (state anxiety). Anxiety is comprised of emotional, cognitive, and physiologic elements. Prevalence rate studies set the life time incidence of all anxiety disorders as impacting 24% of the population. Social phobias which would include performance anxiety has a life time rate of 13%. Anxiety disorders occur twice as frequently in women as in men.

Incidence of anxiety among musicians has been investigated mostly among classical players and music students. For all practical purposes there have been no large scale studies of the incidence of anxiety or stage fright in other musical genres. One large survey of classical musicians in the U.S. found that 13% reported acute anxiety and 24% reported episodes of stage fright (Fishbein, . 1988). Studies of classical musicians in the UK, Canada, and the Netherlands reported almost double these rates (van Klemenade and van Son, 1995).

DIFFERENTIAL DIAGNOSIS

Any intervention requires a comprehensive understanding of the primary problem. The presentation of music performance anxiety varies from individual to individual with many possible sources of origins as well as focus. It is generally defined as the experience of persisting, distressful apprehension about a forthcoming performance. The distress is generally at an intensity level which

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is unwarranted given the individual's musical aptitude, training and level of rehearsal (Salmon, 1990) Physiologic symptoms which can negatively influence a performance are often the focus of intervention efforts, but this approach may well over look important anxiety producing variables. Such factors as physical skill limitations, cognitive distortions, pedagogical problems, factors of technique or musicality, psychodynamic dissonance, genetic difficulties, social pressure, career demands, or biological problems may all influence degree of intensity and chronicity of the anxiety. To speak to these factors requires a more inclusive term than music performance anxiety; and Brodsky (1996) suggests that the label of Music Performance Stress Syndrome may be more appropriate from both a diagnostic as well as intervention perspective.

From a slightly different perspective, performance anxiety may be thought of as not being ready to perform and fearful of the consequences, ready to perform but having a fear of failure, or ready to perform and fearing failure as a result of general stress overload. The last example can be thought of as "blowing a fuse" or "straws that break the camels back". It is important to determine when the level of anxiety is at its highest, prior to or during the performance.

Assessment which leads to good intervention requires a comprehensive curiosity on the part of the therapist. Information must be gathered from areas not often considered when a performer presents with disrupting physiologic symptoms which occur just prior to or during a performance.

PREPARATION ANALYSIS

Many performers, especially students, are anxious because they are not adequately prepared by the time of the performance. For some the anticipatory discomfort is so intense that it interferes with the preparation process. Others may have selected or been assigned music which is realistically beyond their capabilities. They may have not rehearsed the material from a technical as well as an interpretative/creative perspective. They might not have been physically ready to perform; either from not being rested or from not having the endurance necessary to complete a performance. Of course from a strictly physical perspective, any slighting of preparation might include personality dynamics such as fear of success, fear of failure, or even rebellion. But without carefully helping the performer examine these basic rehearsal factors, the therapist might be mislabeling preparation anxiety as performance anxiety.

LIFE SPACE ANALYSIS

Intervention from the "straws that break the camel's back" perspective requires a more comprehensive examination of the performer's current and past life. This process involves talking through the decision making process of becoming and sustaining as a musician; development of performance goals; establishing expectations for quality of performance; quality of life outside

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music; influence of family, friends, and teachers on performance; personal and teacher/coach evaluation of quality of technique and musicality; and general state of health. Information gained in this manner will form a basis for assisting the individual to see how anxiety or stage fright might well be a result of general stress accumulation. As the performer reduces stress in other areas, there is a higher likely hood that anxiety or fear will not be exhibited during a performance (removal of any straw will save the camel's back).

From a cognitive perspective the performer is assisted to see how irrational and illogical conclusions are impacting thinking and behaving. As new conclusions and decisions are formulated, the anxiety will be reduced.

SELF TALK ANALYSIS

Many anxious performers engage in a wide range of negative thought or self talk patterns. They have developed a broad repertoire of negative self comments(some based on true events and some based on imaginary ones) which they run through their consciousness prior to and during a performance. What they are doing could be defined as "negative rehearsal" and if practice makes perfect they are well on their way to starring at failure. A basic intervention step is to have the performer identify this list of negative self talk as specifically as possible and then help them separate truth from fiction. This identification process helps the performer understand the process of negative self reinforcement. And more importantly begin to replace these negatives with more positive thoughts. As the performer becomes more practiced and comfortable with a set of positive reinforcers, the sense of tension and fear about performing is usually reduced.

BIOFEEDBACK

Various forms of biofeedback have been utilized in the treatment of anxiety and this includes performance anxiety. Assisting musicians to be more in touch with and in control of their bodies certainly has many benefits. Schwartz (1995) summarizes the uses of biofeedback and notes that treatment of anxiety does not fall in the list of disorders for which biofeedback is best suited. He does mention the specialized use of biofeedback for musicians suffering wrist and hand pain or cramping.

Biofeedback can be used to assist the learning of deep muscle relaxation techniques. Being able to relax one's body during times of stress and anxiety can provide a performer with some degree of relief.

One problem with biofeedback is that not all therapists have the equipment to provide such service. Another problem is that biofeedback as an adjunct to relaxation training requires a number of sessions to learn the necessary skills. For the impatient individual, these long term intervention approaches may not be acceptable.

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Niemann (1993) reviews the literature in regard to the application of biofeedback to the problem of performance anxiety. He discusses in some depth the dearth of research and the problems with the existing studies, including his own, regarding the efficacy of the intervention. Typically the best results are found when biofeedback is used to facilitate the learning of relaxation skills and then is paired with a group discussion format.

PHARMACOLOGIC INTERVENTIONS

Music performance anxiety has a number of physical manifestations which will vary from individual to individual. However there are some common symptoms which, by themselves, can seriously disrupt a performance. Those most often of concern to musicians include: rapid heartbeat, sweaty palms, trembling hands, dry mouth, rapid and/or shallow breathing, and a sense of "butterflies" in the stomach. These physiological manifestations of psychological fear and anxiety compound the concern of the performer and create what seems to be almost insurmountable obstacles to a great creative effort.

Medication, especially among classical performers, seems to be the most popular form of intervention for anxiety and stage fright. Fishbein (1988) noted that 40% of those musicians reporting severe stage fright used medication while 25% used psychological counseling of some sort. In a more recent study by Bartel (1995) of Canadian classical musicians counseling and therapy were not even listed among the coping strategies used by performers.

Brandfonbrener (1990) provides an excellent overview of the use of medication in the treatment of performance anxiety. Because more common minor tranquilizers such as Valium or Xanex work primarily by sedation, the effects can include impairment of judgement, dulling of senses, and delayed responses. Over the years it was discovered that beta blocking drugs such a propranolol (Inderal) could relieve all of the symptoms of performance anxiety for most people. Beta blockers were originally developed to treat various forms of cardiovascular conditions. One of the beta blocker functions is to produce an adrenergic effect which moderates the autonomic nervous system's response to anxiety. These drugs are not truly anti-anxiety medications; consequently they have little effect on psychological fears.

Dose levels will vary from individual to individual. The typical amount used in a single dose to be taken one or two hours prior to a performance is 10-20 milligrams of Inderal. Some individuals may require up to 40 milligrams. It is best to have the performer try the medication prior to a performance to be certain that the amount prescribed is proper and that there are no unusual side effects. Obviously this medication should be prescribed and monitored by a physician and performers should not share their prescriptions. Vocalists seem to not be helped as much by beta blockers.

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INTERVENTION SUMMARY

Once an appropriate assessment has been made the performer and therapist can jointly decide on a treatment plan which might include several approaches. Brodsky (1996) summarizes intervention research findings as indicating the overall effectiveness of cognitive-behavioral approaches. In fact these approaches are more effective in the long run than using medication. Brodsky goes on to note that almost every common counseling intervention used in the profession has been utilized by some therapist with some musician who presents with performance anxiety. However any therapy approach requires a personal commitment of time and money. It is quite clear that the use of prescribed medication seems more attractive to many musicians because it is easier to schedule one appointment with a physician than to schedule a number of talk sessions with a therapist. From a practical standpoint there is merit to attack the symptoms first, often with medicine, and then tie together pedagogical assistance and psychological approaches.

Brodsky (1996) suggests that a repackaging of possible interventions might be required. Some circles would call this advertising. It could be that any form of anxiety reducing therapy could be supplemented with music as a form of enhancement would be helpful and more intriguing for the musician client.

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